	8 01:40 PM S&J EXPRESSWAY T	TAXI	843 785 6810 P.02		
STATE "S	OUTH CAROLINA	)	196641		
(Caption of C	neo)	)	BEFORE THE		
	cation for a Class C Charter Certificate from	) PUI	BLIC SERVICE COMMISSION		
John	Doe dba Doe's Limo	OF SOUTH CAROLINA ) ) TRANSPORTATION COVER SHEET			
Request to Rei	nstate Class C Taxi Certificate				
S & J Express	way Taxi, Inc.	)			
		) DOC	KET		
		) NUM	BER: 2001 - 424 - T		
		)			
		) If this is your fi	rst time filing an application with the PSC, you will not Number. The Commission will assign one to you. If you		
		) have filed with	the Commission before, a Docket Number was assigned		
(Please type or prin	t)	and should be e	ntered above.		
Submitted by:	John Rubinsak	Telephone:	843-686-3333		
Address:	P.O. Box 7712	Fax:			
	Hilton Head, SC 29926	Other:			
·		Email:	ts the filing and service of pleadings or other papers		
	NATURE OF ACTIO	ON (Check all the	at apply)		
Application	- Class C Taxi		Request to Amend Scope of Authority		
Application	- Class C Charter		Request to Amend Tariff (rate increase, etc.)		
Application	- Class C Charter Bus		Request to Amend Passenger Limit		
	- Class C Non-Emergency		Request		
	- Class & Household Goods		Exhibit		
_	- Class E Hazardous Waste		Late-Filed Exhibit		
Application	$\mathcal{O}_{\mathcal{O}_{\mathcal{H}}(\mathcal{E}_{\mathcal{V}})}^{\mathcal{F}_{\mathcal{S}}}$	OSC DEPT D	Letter		
Request for	Extension to Comply with Order	O DEPT	Proposed Order		
Request for C	Order Granting Authority to Obtain Certificate enience and Necessity to Be Rescinded	of $\Box$	Publisher's Affidavit		
Request for 0	Cancellation of Certificate		Reservation Letter		
Request for S	Suspension		Response		
Request for I	Reinstatement		Return to Petition		
Request for N	Name Change on Certificate		Other		

### CLASS C REINSTATEMENT FORM

File the original with:  Public Service Commission of South Carolina Docketing Department Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 – 5100 FAX (803) 896-5199	Mail or fax a copy to:  S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815	
DATE: 9-11-08		
Please consider this an application for Reinstatement of my	/ Class C:	

Pleas	e consider this an application for Reinstatement of my Class C:
	(Taxi) Certificate
	Charter Certificate
	Charter Bus Certificate
	Non-Emergency Certificate
Му Се	ertificate Number is My certificate was revoked/cancelled on <u>\(\text{O}\)22\)08</u>
	because of failure to turn in a 2007 Annual Report on time
···	seek re-certification because I will now request
ex	tensions if mable to turn in future Annual Reports when
<u> </u>	4J EXORESSUAV TAVI TORA NI/A
_	(Name of Company) (If applicable)
$\star^{\rho}$	OBOX 77/2 <> * 25 DeAllyon Ave. Unit *116 HHI 299
	(Street Address)  (Mailing Address if different from Street Address)
e Hi	Hon Head Island SC & Jahn O Returned
(	(City, State, Zip Code) 29938 (Signature)
<del>*</del>	343-785-4737 * Owner
(1	elephone Number) (Title)

# Transportation CARRIER ANNUAL REPORT

CLASS C - TAXI - CHARTER - NON-EMERGENCY

OF

SEP 0 5 2008

S & J Expressway Taxi, Inc.

**Exact Legal Name of Respondent** 

PSC/ORS Number (leave blank)

## FOR THE YEAR ENDED 2007

[L] Calendar Year Ending December 31, 2007

] Fiscal Year Ending \_\_\_\_



#### **Company Officers**

Title of Officer	Name of Person Holding Office		
Proeklent	John Rubinsak		
Vice-President	Shannon Quist		<del>,</del>
Secretary			*
Treestrer		<del></del>	
	Amy-Poleski	1	

#### Contact Information (If different from above)

Contact Name: John Rubinsak
Title: Owner
Street Address: 23 De Allyon Ave Unit#116
chy: Hitton Head John state: SC zn: 29928
Telephone Number: 1848 785-4737 E-mail: rubinsuk@yahoo.com

## STATE OF SOUTH CAROLINA PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA AND OFFICE OF REGULATORY STAFF TRANSPORTATION CARRIERS ANNUAL REPORT (For Class C - Trai, Charles & No. 1

(For Class C - Text, Charter, & Non-Emergency).
FOR YEAR ENDING DECEMBER 31, 2007 GR FISCAL YEAR ENDING

CTIY, STATE, ZIP CODE HITO HEAD JS BAND SC 2938  MAILING ADDRESS PO BOX 7712  CITY, STATE, ZIP CODE HITO HEAD JS BAND SC 2938  TELEPHONE NUMBER (AREA CODE) 843-686-3333  FEDERAL IDENTIFICATION NUMBER  Operating Revenues:  1. Total Revenues \$ 175,483	CARRIER NAME SOUT EXPRESSIVALY TAN INC.	
CITY, STATE, ZEP CODE HITO HEAD IS AND SC 2988  MAILING ADDRESS PO Box 7712  CITY, STATE, ZEP CODE HITO HEAD IS AND SC 2938  TELEPHONE NUMBER (AREA CODE) 843-686-3333  FEDERAL IDENTIFICATION NUMBER  Operating Expenses:  1. Total Revenues:  2. Solution and Wages \$ 33,657 (Money paid to employees)  3. Rent \$ 15,299 (vehicles, office)  4. Other \$ 84,160 (expenses that are not included in the other categories)  4. Total Expenses \$ 123,118  4. Not Operating Income (Leas) \$ 52,365 (No. 91 minus line #5)  Lasurance Co. Name/Felley No. Verture Specialty Insurance LUC/ No. of Voliders Insurate:  Telepological States (No. 1) No. of Voliders 2	STREET ADDRESS POBOX 77/2	
MAILING ADDRESS PO BOX TIQ  CITY, STATE, ZEP CODE HILLON HEAD TSLAND SC 2938  TELEPHONE NUMBER (AREA CODE) 843-686-3333  FEDERAL IDENTIFICATION NUMBER  Operating Revenues:  1. Total Revenues \$ 175,483  Operating Expenses:  1. Role \$ 15,299 (vehicles, office)  1. Dent \$ 15,299 (vehicles, office)  1. Total Expenses \$ 103,118  1. Not Operating Income (Lam) \$ 52,365 (Hos \$1 minus line \$6)  Insurance Co. Name/Felley No. Venture Security Insurance LUC/No. of Vehicles Insurance;  Telegraphone 24  Telegraphone 100 (No. of Vehicles 2		
CITY, STATE, ZEP CODE HITTON HEAD JSAND SC 2938 TELEPHONE NUMBER (AREA CODE) 843-686-3333 FEDERAL IDENTIFICATION NUMBER  Coparating Revenues:  1. Total Revenues 8 175,483  Operating Expenses:  2. Selectes and Wages 5 33,659 (Money paid to compleyees)  3. Rant 2 15,299 (vehicles, office)  4. Other 2 84,160 (expenses that are not included in the other enterprise)  5. Total Expenses 5 123,118  Not Operating Income (Lean) \$53,365 (No. 61 mbs.)  Not Operating Income (Lean) \$53,365 (No. 61 mbs.)  Insurance Co. Name/Policy No. Venture Security Insurance LLC/No. of Vehicles Insurate: Security Tours Company Tours (No. 61 Vehicles Insurate)  Decal Fose Field YES (vi. No. () No. of Vehicles 2		
TELEPHONE NUMBER (AREA CODE) 843-686-3333  FEDERAL IDENTIFICATION NUMBER  Operating Revenues:  1. Total Revenues \$ 175,483  Operating Expanses:  2. Solution and Wages \$ 33,659 (Money paid to compleyees)  3. Rest \$ 15,299 (validing, office)  4. Other \$ 84,160 (expanses that are not included in the other categories)  4. Total Expanses \$ 123,118  Not Operating Income (Leas) \$ 52,365 (No. 61 minus line 36)  Insurance Co. Name/Policy No. Venture Security Insurance LUC/No. of Validicies Insurance:  One of Validicies		
Operating Revenues:  1. Total Revenues \$ 175,483  Operating Expenses:  2. Solaries and Wages \$ 33,659 (Money paid to compleyees)  3. Rant \$ 15,299 (validies, office)  4. Other \$ 84,160 (expenses that are not included in the other entegeries)  5. Total Expenses \$ 123,118  6. Not Operating Income (Leas) \$ 52,365 (No. 67 minus line #5)  Insurance Co. Name/Policy No. Verture Speciaty Insurance LUC/No. of Volicies Insurance;  Total Special Food PAS (No. () No. of Volicies 2	TELEPHONE NUMBER (AREA CODE) 843- 108(0-3333	
Operating Revenues:  1. Total Revenues:  2. Salaries and Wages \$ 33,659 (Money paid to compleyees)  3. Reat \$ 15,299 (vehicles, office)  4. Other \$ 84,160 (expenses that are not included in the other entegories)  5. Total Expenses \$ 123,118  6. Not Operating Income (Leas) \$ 58,365 (Has \$1 minus line \$6)  6. Insurance Co. Name/Policy No. Verture Specially Insurance LLC/No. of Vehicles Insurance  7. Total Pose Paid YES (* No. (*) No. of Vehicles 2		
1. Total Revenues \$ 175,483  Operating Expenses:  2. Salaries and Wages \$ 33,657 (Money pald to compleyees)  3. Rest \$ 15,299 (vehicles, office)  Other \$ 84,100 (expenses that are not included in the other categories)  Total Expenses \$ 183,118  Not Operating Income (Land) \$ 52,365 (No \$1 minus line \$5)  Insurance Co. Name/Policy No. Venture Specially Insurance LUC/No. of Vehicles Insured:  Operating Food Pald YES (No () No. of Vehicles 2		
Operating Expenses:  2. Salaries and Wages S. 33, 659 (Money paid to employees)  3. Reat S. 15, 299 (vehicles, office)  4. Other S. 84, 160 (expenses that are not included in the other entegories)  5. Total Expenses S. 123, 118  Net Operating Income (Less) 552, 365 (No. 61 minus line 36)  Insurance Co. Name/Policy No. Venture Speciaty Insurance LUC/No. of Vehicles Insurance; 2  Total Food Paid YES (No. () No. of Vehicles 2	Operating Revenues:	
Operating Expenses:  2. Salaries and Wages S. 33, 659 (Money paid to employees)  3. Reat S. 15, 299 (vehicles, office)  4. Other S. 84, 160 (expenses that are not included in the other entegories)  5. Total Expenses S. 123, 118  Net Operating Income (Less) 552, 365 (No. 61 minus line 36)  Insurance Co. Name/Policy No. Venture Speciaty Insurance LUC/No. of Vehicles Insurance; 2  Total Food Paid YES (No. () No. of Vehicles 2	175 1197	
2. Salarico and Wages \$ 33,659 (Money paid to carpleyees)  3. Rent \$ 15,299 (vehicles, office)  4. Other \$ 4,100 (expenses that are not included in the other entegeries)  5. Total Expenses \$ 123,118  Not Operating Income (Lens)\$ 53,365 (the \$1 minus line \$6)  Insurance Co. Name/Policy No. Venture Security Insurance LLC/No. of Vehicles Insurance;	1. Total Revenues \$ 10,485	
Decad Foce Paid YES (M No.() No. of Vehicles 2	Operating Expenses:	
Decad Foce Paid YES (M No.() No. of Voltation 2  (voltation, office)  (v	22/59	
Other 8 84, 100 (expenses that are not included in the other entegories)  Total Expenses S 123, 118  Not Operating Income (Leas) \$52,365 (Hoo #1 minus line #5)  Insurance Co. Name/Policy No. Vertire Specially Insurance LLC/No. of Vehicles Insured:  Topocoocies Total YES (*/ No. (*) No. of Vehicles 2		
Other 8 84, 100 (expenses that are not included in the other entegories)  Total Expenses S 123, 118  Not Operating Income (Leas) \$52,365 (Hoo #1 minus line #5)  Insurance Co. Name/Policy No. Vertire Specially Insurance LLC/No. of Vehicles Insured:  Topocoocies Total YES (*/ No. (*) No. of Vehicles 2	3. Rout 8 15, 2, 99 (volticles, office)	
Not Operating Income (Less) \$52,365 (Hoo #1 minus line #5)  Insurance Co. Name/Policy No. Venture Specially Insurance LLC/No. of Vehicles Insurance; 2  Decad Foce Paid YES (*/ No.() No. of Vehicles 2		
Not Operating Income (Leas)\$ 52,365 (How #1 minus line #5)  Insurance Co. Name/Policy No. Vertire Specialty Insurance LLC/ No. of Vehicles Insured: 2  Topocococos #7		
Insurance Co. Name/Policy No. Venture Specialty Insurance LLC/ No. of Vehicles Insured: 2  Topocoocs 7  Decad Fore Paid YES (M. No. 1) No. of Vehicles 2	5. Total Expresses 123,118	
Insurance Co. Name/Policy No. Venture Specialty Insurance LLC/ No. of Vehicles Insured: 2  Topocoocs 7  Decad Fore Paid YES (M. No. 1) No. of Vehicles 2	5 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × 5 ×	
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Decad Fore Paid YES (M. No. () No. of Values 2	Verstire Society Transmella	/
Doesni Foss Paid YES (v) No. () No. of Vehicles Q	No. of Vehicles Insured:	
(through June of Current Year)		•
	(through June of Correct Year)	

#### Affidayi

state of South Carolina	
County of Beaufut	
John A Rubinsal	- Owser -
SXT Excession 7	iani Tor
hereby certify that the foregoing Annual Repo	
supervision, that I have examined it, and that of my knowledge are correctly shown.	the Items herein reported on the bacis
	The second secon
John W. Kullmook	Signature
B-99-0X	Date
•	
·	